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	Krista Tho		mpson	(Depositor's name)			
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				l	August 30,	2006	(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,337	07/28/2003	John McCollum			1 1 1 1 1 1 1 1	ACT-368	6310
TITLE OF INVENTION: T MMUNITY IN AN INTEG		JLLY-DEPLETEI	D JUNCTION	NS TO R	REDUCE CAPACITA	ANCE AND INCREASE RA	DIATION
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			\$0	\$1400	08/31/2006
EXAMINER AR			UNIT CL		ASS-SUBCLASS		
SOWARD, IDA M		2822	2822		257-316000	-	
. Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
. ASSIGNEE NAME AND PLEASE NOTE: Unless	37 CFR 3.11. Completion of	low, no assignee	data will app T a substitute	ear on th for filing	e patent. If an assign	nce is identified below, the c	document has been filed for
Actel Corporation Mountain View, California Clease check the appropriate assignee category or categories (will not be printed on the patent): Individual Convoration or other private group entity							ous entity \(\int \) Government
a. The following fee(s) are Issue Fee Dublication Fee (No si		4t	D. Payment of A check i	Fee(s): in the am-	ount of the fee(s) is er card. Form PTO-203	nclosed.	
a. Applicant claims Sh	(from status indicated above MALL ENTITY status. See 3 is requested to apply the Issu bilication Fee (if required) wards of the Luited States Pate	77 CFR 1.27.				LL ENTITY status. See 37 C ly paid issue fee to the applica istered attorney or agent; or the	
Authorized Signature		Date August 30, 2006					
Typed or printed name <u>J</u>	sh	Registration No. 57,821					

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